

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	2020	9-13-00
O.I.P.E. CLASSIFIER		48	9/19/20
FORMALITY REVIEW	RS	61730	10-5-00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral).... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final	
Original	
1	9/19/02
2	10/30/02
3	11/1/02
4	11/1/02
5	11/1/02
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8	11/1/02
9	11/1/02
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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